

## Family PACT: Billing Code List – Concurrent Core Codes, Urinary Tract Infection (UTI) and Dysplasia

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This section of the Family PACT: Billing Codes List identifies the procedure codes to be used for Family PACT Urinary Tract Infection (UTI) and dysplasia, described in the *Family PACT: Benefits Package – Services and Procedures [familypact16]* section of this manual.

Concurrent core codes are used for all diagnostic laboratory testing and all treatment of UTIs, including written prescriptions. Concurrent core codes also are used for dysplasia procedures and treatments as identified in the *Family PACT: Benefits Package – Services and Procedures [familypact16]* section of this manual.

These services are billed with the appropriate concurrent ICD-9-CM code, together with the appropriate Family PACT primary diagnosis “S” codes. For more information refer to the *Family PACT: Diagnosis Codes Listings [familypact15]* section in this manual.

Services for concurrent conditions of UTI and dysplasia are limited to female clients only.

### Claim Form Completion

*HCFA 1500* claim form: Enter the appropriate concurrent diagnosis ICD-9-CM in the *Reserved For Local Use* field (Box 19).

*UB-92 Claim Form*: Enter the appropriate concurrent diagnosis ICD-9-CM in the *Remarks* area (Box 84).

**Urinary Tract Infection (UTI)  
(09940 – 09949, 5950, 5952,  
5970 – 59789, 5990)**

Bill with concurrent diagnosis ICD-9-CM codes 09940 – 09949, 5950, 5952, 5953, 5970 – 59789 or 5990.

UTI core procedures are billed with the following CPT-4 or HCPCS procedure codes.

## Supplies

No supply services are covered for this core code.

## Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214  
HCPCS codes: Z9750 – Z9754

## Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

## HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room

## Laboratory

## CPT-4

<u>Code</u>	<u>Description</u>
81005	Urinalysis, qualitative
87086	Urine culture with colony count
87181	Sensitivity studies, agar
87184	Sensitivity studies, disc
87186	Sensitivity studies, MIC

**Note:** Payment for procedure codes 81005, 87086, 87181, 87184 and 87186 is restricted to the following circumstances:

- Only when the specimen is urine and
- There is a concurrent diagnostic/ICD-9-CM code indicating UTI

## Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Anti-Infectives	Amoxicillin/Clavulanate	Tablets	250 mg	Z7610	Ea.
			400 mg	Z7610	Ea.
			500 mg	Z7610	Ea.
			875 mg	Z7610	Ea.
	Cephalexin	Capsules	250 mg	Z7610	Ea.
			500 mg	Z7610	Ea.
	Ciprofloxacin	Tablets	250 mg	Z7610	Ea.
			500 mg	Z7610	Ea.
	Nitrofurantoin	Capsules	50 mg	Z7610	Ea.
			100 mg	Z7610	Ea.
	Ofloxacin	Tablets	200 mg	Z7610	Ea.
			300 mg	Z7610	Ea.
			400 mg	Z7610	Ea.
Other	Sulfamethoxazole/Trimethoprim	Tablets	400/80 mg	Z7610	Ea.
			800/160 mg	Z7610	Ea.
	Diphenhydramine HCl	Tablets or Capsules	25 mg	Z7610	Ea.
			50 mg	Z7610	Ea.

## Pharmacy

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual, for the Family PACT Pharmacy Formulary.

**Dysplasia  
(6221)**

Bill with concurrent diagnosis ICD-9-CM code 6221.

Dysplasia core procedures are billed with the following CPT-4 or HCPCS procedure codes.

**Procedures**

<u>CPT-4 Code</u>	<u>Description</u>
57452	Colposcopy without biopsy
57454	Colposcopy with biopsy
57460	LEEP; only for treatment of biopsy-proven CIN or for simultaneous diagnosis and treatment of lesions colposcopically judged to be CIN II or III.
57511	Cryotherapy
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

**Supplies**

<u>CPT-4 Code/Modifier</u>	<u>Description</u>
57452-ZM	Colposcopy without biopsy, supplies
57454-ZM	Colposcopy with biopsy, supplies
57460-ZM	LEEP; only for treatment of biopsy-proven CIN or for simultaneous diagnosis and treatment of lesions colposcopically judged to be CIN II or III, supplies
57511-ZM	Cryotherapy, supplies

**Claim Form Completion (LEEP)**

*HCFA 1500* claim form: Document the purpose of the procedure in the *Reserved For Local Use* field (Box 19).

*UB-92 Claim Form*: Document the purpose of the procedure in the *Remarks* area (Box 84).

**Note:** A copy of the laboratory report or medical record notes must be attached to the claim (both *HCFA 1500* and *UB-92 Claim Form*).

**Office Visit Codes**

CPT-4 codes: 99201 – 99204, 99211 – 99214  
HCPCS codes: Z9750 – Z9754

## Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

## HCPCS

<u>Code</u>	<u>Description</u>
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Z7500	Use of hospital examining or treatment room
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## Laboratory

## CPT-4

<u>Code</u>	<u>Description</u>
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87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique
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87621	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique
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87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, quantification
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88305	Surgical pathology
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88150,	Pap
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88141	
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88142	Pap, automated thin layer preparation, manual screening under physician supervision
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88143	Pap, automated thin layer preparation; manual screening and rescreening under physician supervision
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88144	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening under physician supervision
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88145	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
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88147	Pap, screening by automated system under physician supervision
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88148	Pap, cervical or vaginal; screening by automated system with manual rescreening
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88152	Pap, with manual screening and computer-assisted rescreening under physician supervision
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88153	Pap, with manual screening and computer-assisted rescreening under physician supervision
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88154	Pap, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
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<u>CPT-4 Code</u>	<u>Description</u>
88164	Pap (the Bethesda System); manual screening under physician supervision
88165	Pap (the Bethesda System); with manual screening and rescreening under physician supervision
88166	Pap (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	Pap (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision

**Drugs and Supplies**

See the *Family PACT: Drug and Supply List [familypact22]* section in this manual, and billing codes for family planning practitioners and clinics in this manual.

**Pharmacy**

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for the Family PACT Pharmacy Formulary.